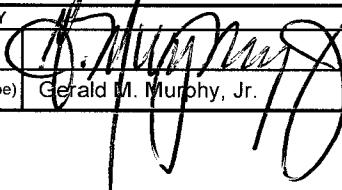


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEES TRANSMITTAL For FY 2009		Application Number	10/541,775-Conf. #1488 ✓
		Filing Date	March 10, 2006
		First Named Inventor	Aarto PAREN
		Examiner Name	A. J. Calandra
		Art Unit	1791
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No. 0696-0219PUS1	
TOTAL AMOUNT OF PAYMENT (\$)		810.00	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES											
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity										
Utility	330	165	540	270	220	110										
Design	220	110	100	50	140	70										
Plant	220	110	330	165	170	85										
Reissue	330	165	540	270	650	325										
Provisional	220	110	0	0	0	0										
2. EXCESS CLAIM FEES																
Fee Description																
Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$) 52 26																
Each independent claim over 3 (including Reissues) Fee (\$) Fee (\$) 220 110																
Multiple dependent claims Fee (\$) Fee (\$) 390 195																
<table border="1"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> </tr> <tr> <td>20</td> <td>- or HP = _____</td> <td>× _____</td> <td>= _____</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	20	- or HP = _____	× _____	= _____	Fee (\$) Fee Paid (\$)
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims												
20	- or HP = _____	× _____	= _____	Fee (\$) Fee Paid (\$)												
HP = highest number of total claims paid for, if greater than 20.																
<table border="1"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>1</td> <td>- or HP = _____</td> <td>× _____</td> <td>= _____</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	1	- or HP = _____	× _____	= _____		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)													
1	- or HP = _____	× _____	= _____													
HP = highest number of independent claims paid for, if greater than 3.																
3. APPLICATION SIZE FEE																
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																
<table border="1"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>- 100 = _____</td> <td>/50 = _____</td> <td>(round up to a whole number) × _____</td> <td>= _____</td> <td>Fees Paid (\$)</td> </tr> </table>							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 = _____	/50 = _____	(round up to a whole number) × _____	= _____	Fees Paid (\$)
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)												
- 100 = _____	/50 = _____	(round up to a whole number) × _____	= _____	Fees Paid (\$)												
4. OTHER FEE(S)																
Non-English Specification, \$130 fee (no small entity discount)																
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00)																

SUBMITTED BY				
Signature 		Registration No. (Attorney/Agent)	28,977	Telephone (703) 205-8000
Name (Print/Type)		Date JUN 02 2009		
Gerald M. Murphy, Jr.				